[A.] Customer & Vehicle Information

Year/Make/Model:	Ticket #:
VIN:	Mileage:
Name:	Date:
Complaint / symptom:	

[B.] Initial Checks / Safety

⚠ Wear eye protection and keep flames/sparks away from batteries. Verify the complaint before testing.
Complaint: ☐ Slow crank ☐ No crank ☐ Battery light ☐ Intermittent ☐ Other

[C.] Battery Condition

Health	Rated CCA	Measured CCA	Resting V
%			V

Battery type: Vehicle spec CCA: Correct battery/group/type installed: ☐ Yes ☐ No
Terminals/cables: ☐ Good ☐ Attention Required Result: ☐ Pass ☐ Recharge & Retest ☐ Replace

[D.] Cranking Test

Resting V	Cranking V	Crank Duration	Ambient Temp	Crank Quality
		sec	°F	☐ Normal ☐ Slow ☐ No Crank

If no/slow crank persists with acceptable battery condition → use [1041.1] No Start Diagnostic Worksheet.

[E.] Charging System

No-Load V	Loaded V	Alt Output Amps	AC Ripple VAC

Loaded with: ☐ Headlights ☐ Blower High ☐ A/C ☐ Rear Defrost ☐ Other Maintains output under load: ☐ Yes ☐ No
Vehicle spec voltage @ idle: spec @ load: spec output amps:

[F.] Parasitic Draw - As Needed

Performed: ☐ Yes ☐ No Initial draw: mA Final after module sleep: mA Sleep time: min
Manufacturer draw spec: mA Excessive draw: ☐ Yes ☐ No Fuse/circuit identified:
Draw after circuit isolation: mA